

MADERA COUNTY SUPERIOR COURT STATE OF CALIFORNIA

RESPONDING TO DIVORCE OR LEGAL SEPERATION PACKET

The attached forms can be used to respond to a dissolution of marriage and/or domestic partnership [divorce], legal separation of marriage or an annulment [nullity] of a marriage. If you were served with a Summons and Petition, you are the Respondent in the court case. When you are served, read the papers you received carefully, they will tell you what your spouse is asking for. Once you are served you have several options. This packet is used if you choose to file a written response with the court in which you disagree with what your spouse is asking for. This situation would be considered a "contested" case. If you decide to file a response, you have **30 days** from the date you were served.

This packet includes the following forms: [FL-120 Response](#), local form [MAD-CIV-010 Confidential Declaration](#) (pursuant to local rule 5.1.36), [FL-105 UCCJEA](#) (complete ONLY if you have children with the other party), [FL-311 Child Custody and Visitation \(Parenting Time\) Application Attachment](#) (complete ONLY if you have children with the other party), [FL-140 Declaration of Disclosure](#), [FL-142 Schedule of Assets and Debts](#), [FL-150 Income and Expense Declaration](#) and [FL-141 Declaration Regarding Service of Declaration of Disclosure](#). Keep in mind that you can file your financial disclosures at the same time as your response if you wish, but NO LATER than 60 days after you file your response.

1. Fill out your forms

Fill out [MAD-CIV-010 Confidential Declaration](#), [FL-120 Response](#), [FL-311 Child Custody and Visitation \(Parenting Time\) Application Attachment](#) (optional see above), [FL-105 UCCJEA](#) (optional see above). California law requires you to also complete your financial disclosures which include [FL-140 Declaration of Disclosure](#), [FL-142 Schedule of Assets and Debts](#) and [FL-150 Income and Expense Declaration](#). You do NOT file your *Disclosures* with the court. You DO need to file with the court [FL-141 Declaration Regarding Service of Declaration of Disclosure](#).

2. Have your forms reviewed

Ask the court's [family law facilitator/self-help center](#) (located on the 1st Floor) to review your paperwork. You can also hire your own lawyer to review your papers or to get legal advice.

3. File your forms with the court clerk

We are pleased to offer eFiling, a way to electronically file your court documents! You can eFile documents 24 hours a day, 7 days a week through an approved Electronic Filing Service Provider (EFSP). A list of approved EFSPs can be found on the court's website. Here is the link: https://www.madera.courts.ca.gov/system/files/general/list-approved-efsp-alpha-final_0.pdf [Or](#) you can take your documents to the Civil Division (located on the 4th Floor). The clerk will return file stamped copies to you. You will have to pay a filing fee. If you cannot afford the fee, you can ask for [a fee waiver](#).

4. Serve your papers on your spouse

Have someone at least 18 years old, (NOT you) serve/deliver to your spouse a copy of your papers. You can have someone serve it by mail or in person.

5. File your Proof of Service

Have your server fill out a proof of service. The server should fill out a *Proof of Personal Service Form* [FL-330](#) if he or she served your spouse or domestic partner in person. OR fill out a *Proof of Service by Mail Form* [FL-335](#) if the papers were served by mail. If possible, have your [family law facilitator/self-help center](#) review it to make sure it was filled out properly. You will need to file the Proof of Service with the clerk. The clerk will return a file stamped copy to you for your records.

If you do not want to wait until your judgment to get orders for custody, visitation, support, or property control,

ATTORNEY OR PARTY WITHOUT ATTORNEY (Name, state bar number, and address):		FOR COURT USE ONLY CONFIDENTIAL Place in confidential part of the court file.
TELEPHONE NO: E-MAIL ADDRESS (optional): ATTORNEY FOR (Name):	FAX NO.:	
SUPERIOR COURT OF CALIFORNIA, COUNTY OF MADERA 200 South G Street Madera, California 93637 Civil Division		
PETITIONER:		
RESPONDENT:		
CONFIDENTIAL DECLARATION		CASE NUMBER:

You are required to complete this *Confidential Declaration* when you file any petition or response in any family law case type. You are required to provide the social security numbers for yourself and your spouse on this form if you know them. This form will be kept in a confidential part of the court file and may not be disclosed without good cause shown to the court.

After you have completed this form, you may redact (block or cross out) any social security number listed on this form from any future document or other written material filed with the court.

You may not redact or change any previously filed documents without a court order.

Petitioner (name): _____

Address: _____

Alia (if any): _____ Social Security Number: _____

Date of Birth: _____ Driver's License: _____

Female Male Need Interpreter If so, what language? _____

Respondent (name): _____

Address: _____

Alia (if any): _____ Social Security Number: _____

Date of Birth: _____ Driver's License: _____

Female Male Need Interpreter If so, what language? _____

If self-represented, someone did not did assist me in completing my forms for compensation. (if you paid someone for assistance, state below):

Name of Document Preparer: _____

Address, city, and zip: _____

County of registration number (if LDA): _____

If prepared by an LDA, must complete local form MAD-CIV-019 Authorization for Non-Attorney Court Document Preparer.

I declare under penalty of perjury under the laws of the State of California that the foregoing is true and correct.

Date: _____

(TYPE OR PRINT NAME)

(SIGNATURE)

PARTY WITHOUT ATTORNEY OR ATTORNEY		STATE BAR NUMBER:		FOR COURT USE ONLY	
NAME:	FIRM NAME:	STATE:	ZIP CODE:		
STREET ADDRESS:		FAX NO.:			
CITY:	STATE:	ZIP CODE:			
TELEPHONE NO.:	FAX NO.:		:		
E-MAIL ADDRESS:					
ATTORNEY FOR (name): In Pro Per					
SUPERIOR COURT OF CALIFORNIA, COUNTY OF MADERA STREET ADDRESS: 200 South G Street MAILING ADDRESS: same CITY AND ZIP CODE: Madera, CA 93637 BRANCH NAME: Civil Division					
PETITIONER: RESPONDENT:					
RESPONSE	<input type="checkbox"/> AND REQUEST FOR		<input type="checkbox"/> AMENDED		CASE NUMBER:
<input type="checkbox"/> Dissolution (Divorce) of: <input type="checkbox"/> Legal Separation of: <input type="checkbox"/> Nullity of:	<input type="checkbox"/> Marriage <input type="checkbox"/> Marriage <input type="checkbox"/> Marriage		<input type="checkbox"/> Domestic Partnership <input type="checkbox"/> Domestic Partnership <input type="checkbox"/> Domestic Partnership		

1. LEGAL RELATIONSHIP (check all that apply):

- a. We are married.
- b. We are domestic partners and our domestic partnership was established in California.
- c. We are domestic partners and our domestic partnership was NOT established in California.

2. RESIDENCE REQUIREMENTS (check all that apply):

- a. Petitioner Respondent has been a resident of this state for at least six months and of this county for at least three months immediately preceding the filing of this *Petition*. (For a divorce, unless you are in the legal relationship described in 1b., at least one of you must comply with this requirement.)
- b. Our domestic partnership was established in California. Neither of us has to be a resident or have a domicile in California to dissolve our partnership here.
- c. We are the same sex, were married in California, but currently live in a jurisdiction that does not recognize, and will not dissolve, our marriage. This *Petition* is filed in the county where we married.

Petitioner lives in (specify):

Respondent lives in (specify):

3. STATISTICAL FACTS

- a. (1) Date of marriage (specify): (2) Date of separation (specify):
 (3) Time from date of marriage to date of separation (specify): Years Months
- b. (1) Registration date of domestic partnership with the California Secretary of State or other state equivalent (specify below):
 (2) Date of separation (specify):
 (3) Time from date of registration of domestic partnership to date of separation (specify): Years Months

4. MINOR CHILDREN

- a. There are no minor children.
- b. The minor children are:

Child's name

Birthdate

Age

(1) continued on Attachment 4b. (2) a child who is not yet born.

- c. If any children were born before the marriage or domestic partnership, the court has the authority to determine those children to be children of the marriage or domestic partnership.
- d. If there are minor children of Petitioner and Respondent, a completed *Declaration Under Uniform Child Custody Jurisdiction and Enforcement Act (UCCJEA)* (form FL-105) must be attached.
- e. Petitioner and Respondent signed a voluntary declaration of parentage or paternity. (Attach a copy if available.)

PETITIONER:	CASE NUMBER:
RESPONDENT:	

Respondent requests that the court make the following orders:

5. LEGAL GROUNDS (Family Code sections 2200–2210; 2310–2312)

- a. **Respondent contends** that the parties never legally married or registered a domestic partnership.
- b. **Respondent denies** the grounds set forth in item 5 of the petition.
- c. **Respondent requests**

- (1) Divorce Legal separation of the marriage or domestic partnership based on
 - (a) irreconcilable differences. (b) permanent legal incapacity to make decisions.
- (2) Nullity of void marriage or domestic partnership based on
 - (a) incest. (b) bigamy.
- (3) Nullity of voidable marriage or domestic partnership based on
 - (a) respondent's age at time of registration of domestic partnership or marriage. (d) fraud.
 - (b) prior existing marriage or domestic partnership. (e) force.
 - (c) unsound mind. (f) physical incapacity.

6. CHILD CUSTODY AND VISITATION (PARENTING TIME)

Petitioner **Respondent** **Joint** **Other**

- a. Legal custody of children to
- b. Physical custody of children to
- c. Child visitation (parenting time) be granted to

<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

As requested in form FL-311 form FL-312 form FL-341(C)
 form FL-341(D) form FL-341(E) Attachment 6c(1)

7. CHILD SUPPORT

- a. If there are minor children born to or adopted by Petitioner and Respondent before or during this marriage or domestic partnership, the court will make orders for the support of the children upon request and submission of financial forms by the requesting party.
- b. An earnings assignment may be issued without further notice.
- c. Any party required to pay support must pay interest on overdue amounts at the "legal" rate, which is currently 10 percent.
- d. Other (specify):

8. SPOUSAL OR DOMESTIC PARTNER SUPPORT

- a. Spousal or domestic partner support payable to Petitioner Respondent
- b. Terminate (end) the court's ability to award support to Petitioner Respondent
- c. Reserve for future determination the issue of support payable to Petitioner Respondent
- d. Other (specify):

9. SEPARATE PROPERTY

- a. There are no such assets or debts that I know of to be confirmed by the court.
- b. Confirm as separate property the assets and debts in Property Declaration (form FL-160). Attachment 9b.
 the following list. Item Confirm to

PETITIONER:	CASE NUMBER:
RESPONDENT:	

10. COMMUNITY AND QUASI-COMMUNITY PROPERTY

- a. There are no such assets or debts that I know of to be divided by the court.
- b. Determine rights to community and quasi-community assets and debts. All such assets and debts are listed
 - in *Property Declaration* (form FL-160).
 - in Attachment 10b.
 - as follows (specify):

11. OTHER REQUESTS

- a. Attorney's fees and costs payable by Petitioner Respondent
- b. Respondent's former name be restored to (specify):
- c. Other (specify):

Continued on Attachment 11c.

I declare under penalty of perjury under the laws of the State of California that the foregoing is true and correct.

Date:

(TYPE OR PRINT NAME)

(SIGNATURE OF RESPONDENT)

Date:

(TYPE OR PRINT NAME)

(SIGNATURE OF ATTORNEY FOR RESPONDENT)

FOR MORE INFORMATION: Read *Legal Steps for a Divorce or Legal Separation* (form FL-107-INFO) and visit "Families Change" at www.familieschange.ca.gov — an online guide for parents and children going through divorce or separation.

NOTICE: You may redact (black out) social security numbers from any written material filed with the court in this case other than a form used to collect child, spousal or partner support.

NOTICE—CANCELLATION OF RIGHTS: Dissolution or legal separation may automatically cancel the rights of a domestic partner or spouse under the other domestic partner's or spouse's will, trust, retirement plan, power of attorney, pay-on-death bank account, survivorship rights to any property owned in joint tenancy, and any other similar thing. It does not automatically cancel the right of a domestic partner or spouse as beneficiary of the other partner's or spouse's life insurance policy. You should review these matters, as well as any credit cards, other credit accounts, insurance policies, retirement plans, and credit reports, to determine whether they should be changed or whether you should take any other actions. Some changes may require the agreement of your partner or spouse or a court order.

The original response must be filed in the court with proof of service of a copy on Petitioner.

PETITIONER: RESPONDENT: OTHER PARENT/PARTY:	CASE NUMBER:
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CHILD CUSTODY AND VISITATION (PARENTING TIME) APPLICATION ATTACHMENT

—This is not a court order—

TO Petition Response Request for Order Responsive Declaration to Request for Order
 Other (specify):

This section is for information only and is not a part of your request for orders:

California's public policies and law on child custody and visitation include that:

- In general, children should have frequent and continuing contact with their parents, and parents should be encouraged to share the responsibility of raising their children, except when domestic abuse has happened or contact with a parent is not in the best interests of the children.
- When making any orders about physical and legal custody and visitation (parenting time), the court must consider the best interests of the child, which primarily include the health, safety, and welfare of the child.
- If a parent has been abusive, judges use laws to help protect children when deciding to make orders about child custody and visitation (parenting time). A judge may deny an abusive parent custody or unsupervised visitation with a child.
- Children have the right to be safe and free from abuse.
- A child's exposure to domestic violence and domestic violence committed where a child lives are detrimental to the health, safety, and welfare of the child.
- For more information, read selfhelp.courts.ca.gov/child-custody#best-interest and selfhelp.courts.ca.gov/domestic-violence-child-custody

Complete items 1 through 13 that apply to your request for orders.

1. Minor Children

Child's name

Birthdate

Age

[Attachment 1.](#)

2. Custody of the minor children is requested as follows:

Petitioner Respondent Joint Other Parent/Party

- a. Physical custody of children to.....
(The person with whom the child will regularly live)
- b. Legal custody of children to
(The person who decides about the child's health, education, and welfare)

Note: To ask the court for joint legal custody orders that specify when the parents must agree before making decisions (for example, before choosing or changing the children's school, doctor, or religious or school activities), use *Joint Legal Custody Attachment* (form [FL-341\(E\)](#)) or a document that includes the same content as form [FL-341\(E\)](#).

To learn about physical and legal custody, go to selfhelp.courts.ca.gov/child-custody.

- c. There are allegations of a history of abuse or substance abuse in this case. *(You must complete item 5.)*
- d. Other (specify):

3. Visitation (Parenting Time) I request that the court order (check one):

- a. Reasonable right of visitation (parenting time) to the party in item 2a without physical custody, including but not limited to, virtual visitation. **(Not appropriate in cases involving domestic violence and substance abuse).**
- b. Visitation (parenting time) as described in the attached _____-page document dated *(specify date)*:
- c. The visitation schedule in item 4 that includes in-person, virtual, other visitation.
- d. Supervised visitation. *(You must complete item 6.)*
- e. No visitation (parenting time) to the person without physical custody for the reasons described in item 13.

Note: Unless specifically ordered, a child's holiday schedule order has priority over the regular parenting time.



PETITIONER: RESPONDENT: OTHER PARENT/PARTY:	CASE NUMBER:
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4. **Petitioner's** **Respondent's** **Other Parent's/Party's** visitation (parenting time) will be (check all that apply):

a. **In person**, as follows (Specify start and ending date and time. If applicable, check "start of" OR "after school"):

(1) **Weekends starting (date):**

(Note: The first weekend of the month is the first weekend with a Saturday.)

<u>Weekend</u>	<u>Day(s)</u>	<u>Times</u>	<u>Start of (or After) School (if applicable)</u>
<input type="checkbox"/> 1st	from _____ to _____	at _____ <input type="checkbox"/> a.m. <input type="checkbox"/> p.m.	<input type="checkbox"/> start of <input type="checkbox"/> after
<input type="checkbox"/> 2nd	from _____ to _____	at _____ <input type="checkbox"/> a.m. <input type="checkbox"/> p.m.	<input type="checkbox"/> start of <input type="checkbox"/> after
<input type="checkbox"/> 3rd	from _____ to _____	at _____ <input type="checkbox"/> a.m. <input type="checkbox"/> p.m.	<input type="checkbox"/> start of <input type="checkbox"/> after
<input type="checkbox"/> 4th	from _____ to _____	at _____ <input type="checkbox"/> a.m. <input type="checkbox"/> p.m.	<input type="checkbox"/> start of <input type="checkbox"/> after
<input type="checkbox"/> 5th	from _____ to _____	at _____ <input type="checkbox"/> a.m. <input type="checkbox"/> p.m.	<input type="checkbox"/> start of <input type="checkbox"/> after

(a) The parties will alternate the fifth weekends, with the petitioner respondent other parent/party having the initial fifth weekend, starting (date):

(b) The petitioner respondent other parent/party will have the fifth weekend in odd even numbered months.

(2) **Alternate weekends starting (date):**

(Specify day(s) from _____ to _____ at _____ a.m. p.m. start of after and times): at _____ a.m. p.m. start of after

(3) **Weekdays starting (date):**

(Specify day(s) from _____ to _____ at _____ a.m. p.m. start of after and times): at _____ a.m. p.m. start of after

(4) Other visitation (parenting time) days and restrictions are listed in Attachment 4a(4) as follows:

b. **Virtual visitation**

I ask that the court order virtual visitation as described in Attachment 4b. below:

Virtual visitation means using audiovisual electronic technology (like a smartphone, tablet, smart watch, or computer) for a parent and a child to see and hear each other. Learn more about how to have safe virtual visits at selfhelp.courts.ca.gov/child-custody/virtual-visitiation.

c. **Other ways that visitation (parenting time) can happen** that are in the best interests of the child (specify):

PETITIONER: RESPONDENT: OTHER PARENT/PARTY:	CASE NUMBER:
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5. **Child custody and visitation when there are allegations of a history of abuse or substance abuse**

a. **Allegations**

- (1) Petitioner Respondent Other parent/party is (or are) alleged to have a history of abuse against any of the following persons: a child, the other parent, their current spouse, or the person they live with or are dating or engaged to.
- (2) Petitioner Respondent Other parent/party is (or are) alleged to have the habitual or continual illegal use of controlled substances, or the habitual or continual abuse of alcohol, or the habitual or continual abuse of prescribed controlled substances.

b. **Child custody**

- (1) I ask that the court NOT order sole or joint custody of the minor child to the party or parties in 5a.

- (2) Even though there are allegations, I ask that the court make the child custody orders in item 4.

(Write the reasons why you think it would be in the best interests of the child that the party or parties be granted child custody, even though there are allegations against them of a history of abuse or substance abuse. The orders that you request about child custody or visitation must also be specific as to time, day, place, and manner of transfer (exchange) of the child, as Family Code sections 3011(a)(5)(A) and 6323(c) require.)

Below: [Attachment 5b\(2\)](#) Other (specify):

c. **Visitation (Parenting Time)**

- (1) I ask that the court order supervised visitation as specified in item 6.

- (2) I ask that the court order unsupervised visitation to the party or parties as specified in item 4.

(A) Even though there are allegations of a history of abuse or substance abuse, I request that the court order unsupervised visitation to (specify): petitioner respondent other parent/party.

(B) The reasons why the court should make the orders are

(Write the reasons why you think it would be in the best interests of the child that the party or parties be granted unsupervised visitation (parenting time) even though there are allegations against them of a history of abuse or substance abuse. The orders that you request about child custody or visitation must also be specific as to time, day, place, and manner of transfer (exchange) of the child, as Family Code sections 3011(a)(5)(A) and 6323(c) require.)

Below: [In Attachment 5c\(2\)\(B\)](#) Other (specify):

- (3) Other (specify):

PETITIONER: RESPONDENT: OTHER PARENT/PARTY:	CASE NUMBER:
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6. **Supervised visitation (parenting time)**

(To learn about supervised visitation, go to: selfhelp.courts.ca.gov/guide-supervised-visitation.)

- a. I ask that petitioner respondent other parent/party have supervised visitation with the minor children.
- b. The reasons why the court should make the orders are (*specify*):
(Write the reasons why you think unsupervised visitation (parenting time) would NOT be in the best interest of the child.)
 Below [In Attachment 6b](#) Other (*specify*):

- c. I ask that the visitations be monitored by (*name, if known*):

The provider's phone number is (*specify*):

- (1) The person or agency is a professional provider.
 - (A) A professional provider must meet the requirements listed in *Declaration of Supervised Visitation and Exchange Services Provider (Professional)* ([form FL-324\(P\)](#)) and sign the declaration.
 - (B) Professional provider fees to be paid by: petitioner: percent. respondent: percent.
other parent/party: percent.
- (2) The person is a nonprofessional provider. The person must meet the requirements listed in *Declaration of Supervised Visitation and Exchange Services Provider (Nonprofessional)* ([form FL-324\(NP\)](#)).

- d. Location of supervised visitation. I request that supervised visitation be (*check one*):

- (1) In person at a safe location.
- (2) Virtual visitation (not in person).
- (3) Other (*describe*):

- e. Schedule for supervised visitation (*specify*):

- (1) Once a week, for (*number of hours for each visit*):
- (2) Two times each week, for (*number of hours for each visit*):
- (3) As specified in item 4.
- (4) Other (*describe*):

7. **Transportation for visitation (parenting time) and place of exchange**

Note: In cases of domestic violence, the court must have enough information to make orders that are specific as to the time, day, place, and manner of transfer (exchange) of the child for custody and visitation under Family Code section 6323(c).

- a. The children must be driven only by a licensed and insured driver. The vehicle must be legally registered with the Department of Motor Vehicles and must have child restraint devices properly installed, as required by law.
- b. Transportation **to** begin the visits will be provided by (*name*):
- c. Transportation **from** the visits will be provided by (*name*):
- d. The exchange point at the beginning of the visit will be (*address*):
- e. The exchange point at the end of the visit will be (*address*):
- f. During the exchanges, the party driving the children will wait in the car and the other party will wait in the home (or exchange location) while the children go between the car and the home (or exchange location).
- g. Other (*specify*):

PETITIONER: RESPONDENT: OTHER PARENT/PARTY:	CASE NUMBER:
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8. **Travel with children** The petitioner respondent other parent/party **must** have written permission from the other parent or party, or a court order, to take the children out of
- the state of California.
 - the following counties (*specify*):
 - other places (*specify*):
9. **Child abduction prevention.** There is a risk that one of the parties will take the children out of California without the other party's permission. I request the orders set out on attached [form FL-312](#).
10. **Child custody mediation**
I request an order for the parties to go to child custody mediation or child custody recommending counseling (*specify date, time, and location, if applicable*):

Note: Parents with a family court case who do not agree about child custody or visitation are required to attend mediation to try to develop a parenting plan that is in the best interest of their child. A party who alleges domestic violence in a written declaration under penalty of perjury or who is protected by a protective order may ask the mediator or child custody recommending counselor to meet with the parties separately and at separate times. A court order for separate sessions is not required.

11. **Children's holiday schedule.** I request the holiday and vacation schedule set out below [on form FL-341\(C\)](#)
12. **Additional custody provisions.** I request the additional orders for custody set out below [on form FL-341\(D\)](#)
13. **Other** (*specify*):

ATTORNEY OR PARTY WITHOUT ATTORNEY (Name, State Bar number, and address):		FOR COURT USE ONLY	
TELEPHONE NO.:		FAX NO. (Optional):	
E-MAIL ADDRESS (Optional):			
ATTORNEY FOR (Name): In Pro Per			
SUPERIOR COURT OF CALIFORNIA, COUNTY OF MADERA STREET ADDRESS: 200 South G Street MAILING ADDRESS: Same CITY AND ZIP CODE: Madera, CA 93637 BRANCH NAME: Civil Division			
(This section applies only to family law cases.)			
PETITIONER:		RESPONDENT:	
OTHER PARTY:			
GUARDIANSHIP OF (Name):		CASE NUMBER:	
DECLARATION UNDER UNIFORM CHILD CUSTODY JURISDICTION AND ENFORCEMENT ACT (UCCJEA)			
1. I am a party to this proceeding to determine custody of a child. 2. <input type="checkbox"/> My present address and the present address of each child residing with me is confidential under Family Code section 3429 as I have indicated in item 3. 3. There are (specify number): minor children who are subject to this proceeding, as follows: (Insert the information requested below. The residence information must be given for the last FIVE years.)			
a. Child's name		Place of birth	Date of birth
Period of residence to present	Address <input type="checkbox"/> Confidential	Person child lived with (name and complete current address) <input type="checkbox"/> Confidential	Relationship
to	Child's residence (City, State)	Person child lived with (name and complete current address)	
to	Child's residence (City, State)	Person child lived with (name and complete current address)	
to	Child's residence (City, State)	Person child lived with (name and complete current address)	
b. Child's name <input type="checkbox"/> Residence information is the same as given above for child a. (If NOT the same, provide the information below.)		Place of birth	Date of birth
Period of residence to present	Address <input type="checkbox"/> Confidential	Person child lived with (name and complete current address) <input type="checkbox"/> Confidential	Relationship
to	Child's residence (City, State)	Person child lived with (name and complete current address)	
to	Child's residence (City, State)	Person child lived with (name and complete current address)	
to	Child's residence (City, State)	Person child lived with (name and complete current address)	
c. <input type="checkbox"/> Additional residence information for a child listed in item a or b is continued on attachment 3c. d. <input type="checkbox"/> Additional children are listed on form FL-105(A)/GC-120(A). (Provide all requested information for additional children.)			

SHORT TITLE: ____	CASE NUMBER: ____
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4. Do you have information about, or have you participated as a party or as a witness or in some other capacity in, another court case or custody or visitation proceeding, in California or elsewhere, concerning a child subject to this proceeding?

Yes No (If yes, attach a copy of the orders (if you have one) and provide the following information):

Proceeding	Case number	Court (name, state, location)	Court order or judgment (date)	Name of each child	Your connection to the case	Case status
a. <input type="checkbox"/> Family						
b. <input type="checkbox"/> Guardianship						
c. <input type="checkbox"/> Other						

Proceeding	Case Number	Court (name, state, location)
d. <input type="checkbox"/> Juvenile Delinquency/ Juvenile Dependency		
e. <input type="checkbox"/> Adoption		

5. One or more domestic violence restraining/protective orders are now in effect. (Attach a copy of the orders if you have one and provide the following information):

Court	County	State	Case number (if known)	Orders expire (date)
a. <input type="checkbox"/> Criminal				
b. <input type="checkbox"/> Family				
c. <input type="checkbox"/> Juvenile Delinquency/ Juvenile Dependency				
d. <input type="checkbox"/> Other				

6. Do you know of any person who is not a party to this proceeding who has physical custody or claims to have custody of or visitation rights with any child in this case? Yes No (If yes, provide the following information):

a. Name and address of person <input type="checkbox"/> Has physical custody <input type="checkbox"/> Claims custody rights <input type="checkbox"/> Claims visitation rights Name of each child	b. Name and address of person <input type="checkbox"/> Has physical custody <input type="checkbox"/> Claims custody rights <input type="checkbox"/> Claims visitation rights Name of each child	c. Name and address of person <input type="checkbox"/> Has physical custody <input type="checkbox"/> Claims custody rights <input type="checkbox"/> Claims visitation rights Name of each child
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I declare under penalty of perjury under the laws of the State of California that the foregoing is true and correct.

Date:

(TYPE OR PRINT NAME)

(SIGNATURE OF DECLARANT)

7. Number of pages attached: _____

NOTICE TO DECLARANT: You have a continuing duty to inform this court if you obtain any information about a custody proceeding in a California court or any other court concerning a child subject to this proceeding.

ATTORNEY OR PARTY WITHOUT ATTORNEY (Name, State Bar number, and address):		
TELEPHONE NO.:	FAX NO.:	
E-MAIL ADDRESS:		
ATTORNEY FOR (Name): In Pro Per		
SUPERIOR COURT OF CALIFORNIA, COUNTY OF MADERA STREET ADDRESS: 200 South G Street MAILING ADDRESS: same CITY AND ZIP CODE: Madera, CA 93637 BRANCH NAME: Civil Division		
PETITIONER: RESPONDENT: OTHER PARENT/PARTY:		
DECLARATION OF DISCLOSURE <input type="checkbox"/> Petitioner's <input type="checkbox"/> Preliminary <input type="checkbox"/> Respondent's <input type="checkbox"/> Final		CASE NUMBER:

DO NOT FILE DECLARATIONS OF DISCLOSURE OR FINANCIAL ATTACHMENTS WITH THE COURT

In a dissolution, legal separation, or nullity action, both a preliminary and a final declaration of disclosure must be served on the other party with certain exceptions. Neither disclosure is filed with the court. Instead, a declaration stating that service of disclosure documents was completed or waived must be filed with the court (see form FL-141).

- *In summary dissolution cases, each spouse or domestic partner must exchange preliminary disclosures as described in Summary Dissolution Information (form FL-810). Final disclosures are not required (see Family Code section 2109).*
- *In a default judgment case that is not a stipulated judgment or a judgment based on a marital settlement agreement, only the petitioner is required to complete and serve a preliminary declaration of disclosure. A final disclosure is not required of either party (see Family Code section 2110).*
- *Service of preliminary declarations of disclosure may not be waived by an agreement between the parties.*
- *Parties who agree to waive final declarations of disclosure must file their written agreement with the court (see form FL-144).*

The petitioner must serve a preliminary declaration of disclosure at the same time as the Petition or within 60 days of filing the Petition. The respondent must serve a preliminary declaration of disclosure at the same time as the Response or within 60 days of filing the Response. The time periods may be extended by written agreement of the parties or by court order (see Family Code section 2104(f)).

Attached are the following:

1. A completed *Schedule of Assets and Debts* (form FL-142) or A *Property Declaration* (form FL-160) for (specify):
 Community and Quasi-Community Property Separate Property.
2. A completed *Income and Expense Declaration* (form FL-150).
3. All tax returns filed by the party in the two years before the date that the party served the disclosure documents.
4. A statement of all material facts and information regarding valuation of all assets that are community property or in which the community has an interest (*not a form*).
5. A statement of all material facts and information regarding obligations for which the community is liable (*not a form*).
6. An accurate and complete written disclosure of any investment opportunity, business opportunity, or other income-producing opportunity presented since the date of separation that results from any investment, significant business, or other income-producing opportunity from the date of marriage to the date of separation (*not a form*).

I declare under penalty of perjury under the laws of the State of California that the foregoing is true and correct.

Date:



THIS FORM SHOULD NOT BE FILED WITH THE COURT

FL-142

ATTORNEY OR PARTY WITHOUT ATTORNEY (name and address):

TELEPHONE NO.:

ATTORNEY FOR (name):

SUPERIOR COURT OF CALIFORNIA, COUNTY OF MADERA

PETITIONER:

RESPONDENT:

SCHEDULE OF ASSETS AND DEBTS
 Petitioner's Respondent's

CASE NUMBER:

— INSTRUCTIONS —

List all your known community and separate assets or debts. Include assets even if they are in the possession of another person, including your spouse. If you contend an asset or debt is separate, put P (for Petitioner) or R (for Respondent) in the first column (separate property) to indicate to whom you contend it belongs.

All values should be as of the date of signing the declaration unless you specify a different valuation date with the description. For additional space, use a continuation sheet numbered to show which item is being continued.

ITEM NO.	ASSETS DESCRIPTION	SEP. PROP	DATE ACQUIRED	CURRENT GROSS FAIR MARKET VALUE	AMOUNT OF MONEY OWED OR ENCUMBRANCE
1.	REAL ESTATE (Give street addresses and attach copies of deeds with legal descriptions and latest lender's statement.)			\$	\$
2.	HOUSEHOLD FURNITURE, FURNISHINGS, APPLIANCES (Identify.)				
3.	JEWELRY, ANTIQUES, ART, COIN COLLECTIONS, etc. (Identify.)				

Page 1 of 4

ITEM NO.	ASSETS DESCRIPTION	SEP. PROP	DATE ACQUIRED	CURRENT GROSS FAIR MARKET VALUE	AMOUNT OF MONEY OWED OR ENCUMBRANCE
4.	VEHICLES, BOATS, TRAILERS (<i>Describe and attach copy of title document.</i>)			\$	\$
5.	SAVINGS ACCOUNTS (<i>Account name, account number, bank, and branch. Attach copy of latest statement.</i>)				
6.	CHECKING ACCOUNTS (<i>Account name and number, bank, and branch. Attach copy of latest statement.</i>)				
7.	CREDIT UNION, OTHER DEPOSIT ACCOUNTS (<i>Account name and number, bank, and branch. Attach copy of latest statement.</i>)				
8.	CASH (<i>Give location.</i>)				
9.	TAX REFUND				
10.	LIFE INSURANCE WITH CASH SURRENDER OR LOAN VALUE (<i>Attach copy of declaration page for each policy.</i>)				

ITEM NO.	ASSETS DESCRIPTION	SEP. PROP	DATE ACQUIRED	CURRENT GROSS FAIR MARKET VALUE	AMOUNT OF MONEY OWED OR ENCUMBRANCE
11.	STOCKS, BONDS, SECURED NOTES, MUTUAL FUNDS <i>(Give certificate number and attach copy of the certificate or copy of latest statement.)</i>			\$	\$
12.	RETIREMENT AND PENSIONS <i>(Attach copy of latest summary plan documents and latest benefit statement.)</i>				
13.	PROFIT - SHARING, ANNUITIES, IRAS, DEFERRED COMPENSATION <i>(Attach copy of latest statement.)</i>				
14.	ACCOUNTS RECEIVABLE AND UNSECURED NOTES <i>(Attach copy of each.)</i>				
15.	PARTNERSHIPS AND OTHER BUSINESS INTERESTS <i>(Attach copy of most current K-1 form and Schedule C.)</i>				
16.	OTHER ASSETS				
17.	TOTAL ASSETS FROM CONTINUATION SHEET				
18.	TOTAL ASSETS			\$	\$

ITEM NO.	DEBTS—SHOW TO WHOM OWED	SEP. PROP	TOTAL OWING	DATE ACQUIRED
19. STUDENT LOANS (Give details.)		\$		
20. TAXES (Give details.)				
21. SUPPORT ARREARAGES (Attach copies of orders and statements.)				
22. LOANS—UNSECURED (Give bank name and loan number and attach copy of latest statement.)				
23. CREDIT CARDS (Give creditor's name and address and the account number. Attach copy of latest statement.)				
24. OTHER DEBTS (Specify.):				
25. TOTAL DEBTS FROM CONTINUATION SHEET				
26. TOTAL DEBTS		\$		

27. (Specify number): _____ pages are attached as continuation sheets.

I declare under penalty of perjury under the laws of the State of California that the foregoing is true and correct.

Date: _____

(TYPE OR PRINT NAME)

(SIGNATURE OF DECLARANT)

PARTY WITHOUT ATTORNEY OR ATTORNEY		STATE BAR NUMBER:	FOR COURT USE ONLY
NAME:			
FIRM NAME:			
STREET ADDRESS:			
CITY:	STATE:	ZIP CODE:	
TELEPHONE NO.:	FAX NO.:		
E-MAIL ADDRESS:			
ATTORNEY FOR (name):			
SUPERIOR COURT OF CALIFORNIA, COUNTY OF MADERA			
STREET ADDRESS: 200 SOUTH G STREET			
MAILING ADDRESS:			
CITY AND ZIP CODE: MADERA, CALIFORNIA 93637			
BRANCH NAME: CIVIL DIVISION			
PETITIONER:			
RESPONDENT:			
OTHER PARTY/PARENT/CLAIMANT:			
INCOME AND EXPENSE DECLARATION			CASE NUMBER:

1. Employment (Give information on your current job or, if you're unemployed, your most recent job.)

- Attach copies of your pay stubs for last two months (black out Social Security numbers).
- Employer:
 - Employer's address:
 - Employer's phone number:
 - Occupation:
 - Date job started:
 - If unemployed, date job ended:
 - I work about _____ hours per week.
 - I get paid \$ _____ gross (before taxes) per month per week per hour.

(If you have more than one job, attach an 8 1/2-by-11-inch sheet of paper and list the same information as above for your other jobs. Write "Question 1—Other Jobs" at the top.)

2. Age and education

- My age is (specify):
- I have completed high school or the equivalent: Yes No If no, highest grade completed (specify):
- Number of years of college completed (specify): Degree(s) obtained (specify):
- Number of years of graduate school completed (specify): Degree(s) obtained (specify):
- I have: professional/occupational license(s) (specify):
 vocational training (specify):

3. Tax information

- I last filed taxes for tax year (specify year):
- My tax filing status is single head of household married, filing separately married, filing jointly with (specify name):
- I file state tax returns in California other (specify state):
- I claim the following number of exemptions (including myself) on my taxes (specify):

4. Other party's income. I estimate the gross monthly income (before taxes) of the other party in this case at (specify): \$
This estimate is based on (explain):

(If you need more space to answer any questions on this form, attach an 8 1/2-by-11-inch sheet of paper and write the question number before your answer.) Number of pages attached: _____

I declare under penalty of perjury under the laws of the State of California that the information contained on all pages of this form and any attachments is true and correct.

Date: _____



(TYPE OR PRINT NAME)

(SIGNATURE OF DECLARANT)

Page 1 of 4

PETITIONER: RESPONDENT: OTHER PARTY/PARENT/CLAIMANT:	CASE NUMBER:
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Attach copies of your pay stubs for the last two months and proof of any other income. Take a copy of your latest federal tax return to the court hearing. (Black out your Social Security number on the pay stub and tax return.)

5. **Income** (For average monthly, add up all the income you received in each category in the last 12 months and divide the total by 12.)

	Last month	Average monthly
a. Salary or wages (gross, before taxes).....	\$	_____
b. Overtime (gross, before taxes).....	\$	_____
c. Commissions or bonuses.....	\$	_____
d. Public assistance (for example: TANF, SSI, GA/GR) <input type="checkbox"/> currently receiving	\$	_____
e. Spousal support <input type="checkbox"/> from this marriage <input type="checkbox"/> from a different marriage <input type="checkbox"/> federally taxable*	\$	_____
f. Partner support <input type="checkbox"/> from this domestic partnership <input type="checkbox"/> from a different domestic partnership	\$	_____
g. Pension/retirement fund payments.....	\$	_____
h. Social Security retirement (not SSI).....	\$	_____
i. Disability: <input type="checkbox"/> Social Security (not SSI) <input type="checkbox"/> State disability (SDI) <input type="checkbox"/> Private insurance	\$	_____
j. Unemployment compensation.....	\$	_____
k. Workers' compensation.....	\$	_____
l. Other (military allowances, royalty payments) (specify):	\$	_____

6. **Investment income** (Attach a schedule showing gross receipts less cash expenses for each piece of property.)

a. Dividends/interest.....	\$	_____
b. Rental property income.....	\$	_____
c. Trust income.....	\$	_____
d. Other (specify):	\$	_____

7. **Income from self-employment, after business expenses for all businesses**..... \$ _____

I am the owner/sole proprietor business partner other (specify):

Number of years in this business (specify):

Name of business (specify):

Type of business (specify):

Attach a profit and loss statement for the last two years or a Schedule C from your last federal tax return. Black out your Social Security number. If you have more than one business, provide the information above for each of your businesses.

8. **Additional income.** I received one-time money (lottery winnings, inheritance, etc.) in the last 12 months (specify source and amount):

9. **Change in income.** My financial situation has changed significantly over the last 12 months because (specify):

10. **Deductions**

	Last month	
a. Required union dues.....	\$	_____
b. Required retirement payments (not Social Security, FICA, 401(k), or IRA).....	\$	_____
c. Medical, hospital, dental, and other health insurance premiums (total monthly amount).....	\$	_____
d. Child support that I pay for children from other relationships.....	\$	_____
e. Spousal support that I pay by court order from a different marriage <input type="checkbox"/> federally tax deductible*	\$	_____
f. Partner support that I pay by court order from a different domestic partnership.....	\$	_____
g. Necessary job-related expenses not reimbursed by my employer (attach explanation labeled "Question 10g").....	\$	_____

11. **Assets**

	Total	
a. Cash and checking accounts, savings, credit union, money market, and other deposit accounts.....	\$	_____
b. Stocks, bonds, and other assets I could easily sell.....	\$	_____
c. All other property, <input type="checkbox"/> real and <input type="checkbox"/> personal (estimate fair market value minus the debts you owe)....	\$	_____

* Check the box if the spousal support order or judgment was executed by the parties and the court before January 1, 2019, or if a court-ordered change maintains the spousal support payments as taxable income to the recipient and tax deductible to the payor.

PETITIONER: RESPONDENT: OTHER PARTY/PARENT/CLAIMANT:	CASE NUMBER:
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12. The following people live with me:

Name	Age	How the person is related to me (ex: son)	That person's gross monthly income	Pays some of the household expenses?
a.				<input type="checkbox"/> Yes <input type="checkbox"/> No
b.				<input type="checkbox"/> Yes <input type="checkbox"/> No
c.				<input type="checkbox"/> Yes <input type="checkbox"/> No
d.				<input type="checkbox"/> Yes <input type="checkbox"/> No
e.				<input type="checkbox"/> Yes <input type="checkbox"/> No

13. Average monthly expenses Estimated expenses Actual expenses Proposed needs

a. Home:	h. Laundry and cleaning.....	\$ _____
(1) <input type="checkbox"/> Rent or <input type="checkbox"/> mortgage..... \$ _____	i. Clothes.....	\$ _____
If mortgage:	j. Education.....	\$ _____
(a) average principal: \$ _____	k. Entertainment, gifts, and vacation.....	\$ _____
(b) average interest: \$ _____	l. Auto expenses and transportation (insurance, gas, repairs, bus, etc.).....	\$ _____
(2) Real property taxes..... \$ _____	m. Insurance (life, accident, etc.; do not include auto, home, or health insurance).....	\$ _____
(3) Homeowner's or renter's insurance (if not included above)..... \$ _____	n. Savings and investments.....	\$ _____
(4) Maintenance and repair..... \$ _____	o. Charitable contributions.....	\$ _____
b. Health-care costs not paid by insurance..... \$ _____	p. Monthly payments listed in item 14 (itemize below in 14 and insert total here)...	\$ _____
c. Child care..... \$ _____	q. Other (specify):	\$ _____
d. Groceries and household supplies..... \$ _____	r. TOTAL EXPENSES (a-q) (do not add in the amounts in a(1)(a) and (b))	\$ _____
e. Eating out..... \$ _____	s. Amount of expenses paid by others	\$ _____
f. Utilities (gas, electric, water, trash)..... \$ _____		
g. Telephone, cell phone, and e-mail..... \$ _____		

14. Installment payments and debts not listed above

Paid to	For	Amount	Balance	Date of last payment
		\$ _____	\$ _____	
		\$ _____	\$ _____	
		\$ _____	\$ _____	
		\$ _____	\$ _____	
		\$ _____	\$ _____	

15. Attorney fees (This information is required if either party is requesting attorney fees):

- To date, I have paid my attorney this amount for fees and costs (specify): \$ _____
- The source of this money was (specify): _____
- I still owe the following fees and costs to my attorney (specify total owed): \$ _____
- My attorney's hourly rate is (specify): _____

I confirm this fee arrangement.

Date: _____

(TYPE OR PRINT NAME OF ATTORNEY)

(SIGNATURE OF ATTORNEY)

PETITIONER: RESPONDENT: OTHER PARTY/PARENT/CLAIMANT:	CASE NUMBER:
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CHILD SUPPORT INFORMATION
(NOTE: Fill out this page only if your case involves child support.)

16. Number of children

- a. I have (specify number): children under the age of 18 with the other parent in this case.

b. The children spend percent of their time with me and percent of their time with the other parent.

(If you're not sure about percentage or it has not been agreed on, please describe your parenting schedule here.)

17. Children's health-care expenses

- a. I do I do not have health insurance available to me for the children through my job.
b. Name of insurance company:
c. Address of insurance company:

- d. The monthly cost for the **children's** health insurance is or would be (specify): \$
(Do not include the amount your employer pays.)

18. Additional expense for the children in this case

- a. Childcare so I can work or get job training..... \$ _____
b. Children's health care not covered by insurance..... \$ _____
c. Travel expenses for visitation..... \$ _____
d. Children's educational or other special needs (specify below): _____ \$ _____

19. **Special hardships.** I ask the court to consider the following special financial circumstances

(attach documentation of any item listed here, including court orders):

- | | Amount per month | For how many months? |
|--|------------------|----------------------|
| a. Extraordinary health expenses not included in 18b..... | \$ _____ | _____ |
| b. Major losses not covered by insurance (<i>examples: fire, theft, other insured loss</i>)..... | \$ _____ | _____ |
| c. (1) Expenses for my minor children who are from other relationships and are living with me..... | \$ _____ | _____ |
| (2) Names and ages of those children (<i>specify</i>): | | |

(3) Child support I receive for those children..... \$

The expenses listed in a, b, and c create an extreme financial hardship because (explain):

20. Other information I want the court to know concerning support in my case (specify):

ATTORNEY OR PARTY WITHOUT ATTORNEY (Name, State Bar number, and address):		
TELEPHONE NO.: E-MAIL ADDRESS:		FAX NO.:
ATTORNEY FOR (Name): In Pro Per		
SUPERIOR COURT OF CALIFORNIA, COUNTY OF MADERA STREET ADDRESS: 200 South G Street MAILING ADDRESS: same CITY AND ZIP CODE: Madera, CA 93637 BRANCH NAME: Civil Division		
PETITIONER: RESPONDENT: OTHER PARENT/PARTY:		CASE NUMBER:
DECLARATION REGARDING SERVICE OF DECLARATION OF DISCLOSURE AND INCOME AND EXPENSE DECLARATION <input type="checkbox"/> Petitioner's <input type="checkbox"/> Preliminary <input type="checkbox"/> Respondent's <input type="checkbox"/> Final		

1. I am the attorney for petitioner respondent in this matter.
2. Petitioner's Respondent's *Preliminary Declaration of Disclosure* (form FL-140), current* *Income and Expense Declaration* (form FL-150), completed *Schedule of Assets and Debts* (form FL-142) or *Community and Separate Property Declarations* (form FL-160) with appropriate attachments, all tax returns filed by the party in the two years before service of the preliminary disclosures, and all other required information under Family Code section 2104 were served on:
 the other party the other party's attorney by personal service mail
 Other (specify):
 on (date):
3. Petitioner's Respondent's *Final Declaration of Disclosure* (form FL-140), current* *Income and Expense Declaration* (form FL-150), completed *Schedule of Assets and Debts* (form FL-142) or *Community or Separate Property Declarations* (form FL-160) with attachments, and the material facts and information required by Family Code section 2105 were served on:
 the other party other party's attorney by personal service mail
 Other (specify):
 on (date):
4. Service of Petitioner's Respondent's preliminary final declaration of disclosure current income and expense declaration has been waived as follows:
 - a. The parties agreed to waive final declaration of disclosure requirements under Family Code section 2105(d). (Form FL-144 may be used for this purpose.) The waiver was filed on (date):
 is being filed at the same time as this form.
 - b. The party has failed to comply with disclosure requirements, and the court has granted the request for voluntary waiver of receipt under Family Code section 2107 on (date):
 - c. This is a default proceeding that does not include a stipulated judgment or settlement agreement. Petitioner waives final disclosure requirements under Family Code section 2110.

*Current is defined as completed within the past three months providing no facts have changed. (Cal. Rules of Court, rule 5.260.)

I declare under penalty of perjury under the laws of the State of California that the foregoing is true and correct.

Date:



(TYPE OR PRINT NAME)

SIGNATURE

NOTE: File this document with the court.

Do not file a copy of the Preliminary or Final Declaration of Disclosure or any attachments to either declaration of disclosure with this document.

INFORMATION SHEET FOR PROOF OF SERVICE BY MAIL

Use these instructions to complete the *Proof of Service by Mail* (form FL-335).

A person at least 18 years of age or older must serve the documents. There are two ways to serve documents: (1) personal delivery and (2) by mail. See the *Proof of Personal Service* (form FL-330) if the documents are being personally served. The person who serves the documents must complete a proof of service form for the documents being served. **You cannot serve documents if you are a party to the action.**

INSTRUCTIONS FOR THE PERSON WHO SERVES THE DOCUMENTS (TYPE OR PRINT IN BLACK INK)

You must complete a proof of service for each package of documents you serve. For example, if you serve the respondent and the other parent, you must complete two proofs of service; one for the respondent and one for the other parent.

Complete the top section of the proof of service forms as follows:

First box, left side: In this box print the name, address, and phone number of the person for whom you are serving the documents.

Second box, left side: Print the name of the county in which the legal action is filed and the court's address in this box. Use the same address for the court that is on the documents you are serving.

Third box, left side: Print the names of the petitioner/plaintiff, respondent/defendant, and other parent in this box. Use the same names listed on the documents you are serving.

First box, top of form, right side: Leave this box blank for the court's use.

Second box, right side: Print the case number in this box. This number is also stated on the documents you are serving.

Third box, right side: Print the hearing date, time, and department. Use the same information that is on the documents you are serving.

You cannot serve a temporary restraining order by mail. You must serve those documents by personal service.

1. You are stating that you are at least 18 years old and that you are not a party to this action. You are also stating that you either live in or are employed in the county where the mailing took place.
2. Print your home or business address.
3. List the name of each document that you mailed (the exact names are listed on the bottoms of the forms).
 - a. Check this box if you put the documents in the regular U.S. mail.
 - b. Check this box if you put the documents in the mail at your place of employment.
4. a. Print the name you put on the envelope containing the documents.
 - b. Print the address you put on the envelope containing the documents.
 - c. Print the date that you put the envelope containing the documents in the mail.
 - d. Print the city and state you were in when you mailed the envelope containing the documents.
5. Check this box if you are serving an address verification form (required for service by mail of a postjudgment request to change a child custody, visitation, or child support order).
6. You are stating under penalty of perjury that the information you have provided is true and correct.

Print your name, fill in the date, and sign the form.

If you need additional assistance with this form, contact the family law facilitator in your county.

ATTORNEY OR PARTY WITHOUT ATTORNEY (Name, State Bar number, and address):		FOR COURT USE ONLY
TELEPHONE NO.: FAX NO. (Optional):		
E-MAIL ADDRESS (Optional):		
ATTORNEY FOR (Name): In Pro Per		
SUPERIOR COURT OF CALIFORNIA, COUNTY OF MADERA STREET ADDRESS: 200 South G Street MAILING ADDRESS: same CITY AND ZIP CODE: Madera, CA 93637 BRANCH NAME: Civil Division		
PETITIONER/PLAINTIFF:		CASE NUMBER:
RESPONDENT/DEFENDANT:		(If applicable, provide):
OTHER PARENT/PARTY:		HEARING DATE: HEARING TIME: DEPT.:
PROOF OF SERVICE BY MAIL		

NOTICE: To serve temporary restraining orders you must use personal service (see form FL-330).

1. I am at least 18 years of age, not a party to this action, and I am a resident of or employed in the county where the mailing took place.
2. My residence or business address is:

3. I served a copy of the following documents (*specify*):

by enclosing them in an envelope AND

- a. **depositing** the sealed envelope with the United States Postal Service with the postage fully prepaid.
- b. **placing** the envelope for collection and mailing on the date and at the place shown in item 4 following our ordinary business practices. I am readily familiar with this business's practice for collecting and processing correspondence for mailing. On the same day that correspondence is placed for collection and mailing, it is deposited in the ordinary course of business with the United States Postal Service in a sealed envelope with postage fully prepaid.
4. The envelope was addressed and mailed as follows:
 - a. Name of person served:
 - b. Address:
 - c. Date mailed:
 - d. Place of mailing (*city and state*):
5. I served a request to modify a child custody, visitation, or child support judgment or permanent order which included an address verification declaration. (*Declaration Regarding Address Verification—Postjudgment Request to Modify a Child Custody, Visitation, or Child Support Order* (form FL-334) may be used for this purpose.)
6. I declare under penalty of perjury under the laws of the State of California that the foregoing is true and correct.

Date:

(TYPE OR PRINT NAME)

(SIGNATURE OF PERSON COMPLETING THIS FORM)

Page 1 of 1

INFORMATION SHEET FOR PROOF OF PERSONAL SERVICE

Use these instructions to complete the *Proof of Personal Service* (form FL-330).

A person at least 18 years of age or older must serve the documents. There are two ways to serve documents: (1) personal delivery and (2) by mail. See the *Proof of Service by Mail* (form FL-335) if the documents are being served by mail. The person who serves the documents must complete a proof of service form for the documents being served. **You cannot serve documents if you are a party to the action.**

INSTRUCTIONS FOR THE PERSON WHO SERVES THE DOCUMENTS (TYPE OR PRINT IN BLACK INK)

You must complete a proof of service for each package of documents you serve. For example, if you serve the respondent and the other parent, you must complete two proofs of service; one for the respondent and one for the other parent.

Complete the top section of the proof of service forms as follows:

First box, left side: In this box print the name, address, and phone number of the person for whom you are serving the documents.

Second box, left side: Print the name of the county in which the legal action is filed and the court's address in this box. Use the same address for the court that is on the documents you are serving.

Third box, left side: Print the names of the petitioner/plaintiff, respondent/defendant, and other parent in this box. Use the same names listed on the documents you are serving.

First box, top of form, right side: Leave this box blank for the court's use.

Second box, right side: Print the case number in this box. This number is also stated on the documents you are serving.

Third box, right side: Print the hearing date, time, and department. Use the same information that is on the documents you are serving.

1. You are stating that you are over the age of 18 and that you are neither a party of this action nor a protected person listed in any of the orders.
2. Print the name of the party to whom you handed the documents.
3. List the name of each document that you delivered to the party.
4. a. Write in the date that you delivered the documents to the party.
b. Write in the time of day that you delivered the documents to the party.
c. Print the address where you delivered the documents.
5. Check the box that applies to you. If you are a private person serving the documents for a party, check box "a."
6. Print your name, address, and telephone number. If applicable, include the county in which you are registered as a process server and your registration number.
7. You must check this box if you are not a California sheriff or marshal. You are stating under penalty of perjury that the information you have provided is true and correct.
8. Do not check this box unless you are a California sheriff or marshal.

Print your name, fill in the date, and sign the form.

If you need additional assistance with this form, contact the family law facilitator in your county.

ATTORNEY OR PARTY WITHOUT ATTORNEY OR GOVERNMENTAL AGENCY (under Family Code, §§ 17400, 17406) (Name, State Bar number, and address):		FOR COURT USE ONLY
TELEPHONE NO.:	FAX NO.:	
ATTORNEY FOR (Name): In Pro Per		
SUPERIOR COURT OF CALIFORNIA, COUNTY OF MADERA		
STREET ADDRESS: 200 South G Street		
MAILING ADDRESS: Same		
CITY AND ZIP CODE: Madera, CA 93637		
BRANCH NAME: Civil Division		
PETITIONER/PLAINTIFF:		CASE NUMBER:
RESPONDENT/DEFENDANT:		(If applicable, provide):
OTHER PARENT/PARTY:		HEARING DATE:
		HEARING TIME:
		DEPT.:
PROOF OF PERSONAL SERVICE		

1. I am at least 18 years old, not a party to this action, and not a protected person listed in any of the orders.
 2. Person served (*name*):
 3. I served copies of the following documents (*specify*):

 4. By personally delivering copies to the person served, as follows:
 - a. Date:
 - b. Time:
 - c. Address:

 5. I am
 - a. not a registered California process server.
 - b. a registered California process server.
 - c. an employee or independent contractor of a registered California process server.
 - d. exempt from registration under Business & Profession Code section 22350(b).
 - e. a California sheriff or marshal.

 6. My name, address, and telephone number, and, if applicable, county of registration and number (*specify*):

 7. I declare under penalty of perjury under the laws of the State of California that the foregoing is true and correct.
 8. I am a California sheriff or marshal and I certify that the foregoing is true and correct.

Date:

(TYPE OR PRINT NAME OF PERSON WHO SERVED THE PAPERS)

(SIGNATURE OF PERSON WHO SERVED THE PAPERS)

SUPERIOR COURT OF CALIFORNIA, COUNTY OF MADERA
200 South G Street
Madera, Ca 93637

(For Court Use Only)

Need an interpreter? | ¿Necesita un intérprete?

REQUEST FOR INTERPRETER SERVICES | solicitud para servicios de un intérprete

Fill out this form if you or your witness in your case needs an interpreter when you are in court. | Si usted o un testigo en su caso necesita un intérprete cuando esté en la corte, llene este formulario.

Case Number(s) | numero(s) del caso: _____

Case Name | nombre del caso: _____

Hearing Date | fecha de audiencia: _____

Time | hora: _____

Dept | sala: _____

INTERPRETER NEEDED IN THE FOLLOWING LANGUAGE | necesito un intérprete para el siguiente idioma:

- | | | | |
|--|---------------------------------------|--|--|
| <input type="checkbox"/> Spanish/español | <input type="checkbox"/> Chatino* | <input type="checkbox"/> Cambodian | <input type="checkbox"/> Arabic |
| <input type="checkbox"/> Amuzgo* | <input type="checkbox"/> Triqui Alto* | <input type="checkbox"/> Cantonese | <input type="checkbox"/> Russian |
| <input type="checkbox"/> Mixteco Alto* | <input type="checkbox"/> Triqui Bajo* | <input type="checkbox"/> Mandarin | <input type="checkbox"/> Hmong |
| <input type="checkbox"/> Mixteco Bajo* | <input type="checkbox"/> Punjabi | <input type="checkbox"/> Farsi/Persian | <input type="checkbox"/> Lao |
| <input type="checkbox"/> Zapoteco* | <input type="checkbox"/> ASL | <input type="checkbox"/> Vietnamese | <input type="checkbox"/> Other/Otro: _____ |

*For indigenous languages, include country, state, municipality and town of origin | para los idiomas indígenas, incluya su país, estado, municipio y ciudad de origen: _____

INTERPRETER NEEDED FOR | se necesita intérprete para:

- Plaintiff/Petitioner
 Demandante/Solicitante
- Defendant/Respondent
 Demandado(a)

of Witnesses | cantidad de testigos

Estimated duration time of witness | tiempo estimado de duración del testimonio: _____

REQUESTING PARTY'S INFORMATION | datos del solicitante:

Name | nombre: _____

Email | correo electrónico: _____

Phone Number | número de teléfono: _____

Please email this request to | favor de enviar esta solicitud por correo electrónico a:

Interpreter.Madera@madera.courts.ca.gov

or file it with the clerk's office | ó entregue este formulario a la oficina del secretario

Please submit this form with a minimum of ten (10) court days in advance. | favor de entregar este formulario con un mínimo de diez (10) días hábiles antes de la fecha de su audiencia.